

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 591744

FILING DATE

9-1-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	2		2			
20	5		5			
21	2		2			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	8		8			
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50						
TOTAL IND.	2		2		2	
TOTAL DEP.	27	←	27	←	27	←
TOTAL CLAIMS	29	2	2	2	2	2

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2		2	
TOTAL DEP.		2	2	2	2	2
TOTAL CLAIMS		2	2	2	2	2